PART B - FEE(S) TRANSMITTAL

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BANNER & WITCOFF, LTD. 1100 13th STREET, N.W. SUITE 1200				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an enveloped addressed to the Mail Stor ISSUE File address above, or being fassimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTO	N, DC 20005-4051					(Depositor's name)
						(Signature)
			L			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/702,042	10/702,042 11/06/2003		Jean-Paul Clavequin	uin 003921.00149 7422		
TITLE OF INVENTION	N: SYNCHRONIZED CO	OMMUNICATION BET	WEEN INTEGRATED CII	CUIT CHIPS		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/10/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
STOYNOV, STEFAN		2116	713-401000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys			
Change of corresp	ondence address (or Cha B/122) attached.	ange of Correspondence	or agents OR, alternatively,			
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or type			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the pa T a substitute for filing an	tent. If an assigned assignment.	e is identified below, the d	locument has been filed for
(A) NAME OF ASSI			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Mentor Graphics (Holdings) Ltd. Wilsonville, OR						
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖾 Cor	poration or other private gre	oup entity Government
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	se first reapply any	previously paid issue fee	shown above)
X Issue Fee			A check is enclosed.			
			□ Payment by credit card. Form PTO-2038 is attached. ② The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).			
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 Change in Entity Star Applicant claim 	tus (from status indicate s SMALL ENTITY statu		☐ b. Applicant is no lone	er claiming SMALI	ENTITY status. See 37 Cl	FR 1.27(g)(2).
					ered attorney or agent; or th	
Authorized Signature	/Jordan N				2, 2007	
Typed or printed name Jordan N. Bodner				Registration No.	42,338	
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